

# Helping Your Adult Clients Pay for Vaccines

The economy has taken a toll on many families in Michigan, but this doesn't mean that patients should delay or forgo needed and important immunizations. Below are some programs which may assist adult clients in paying for vaccines.

## MI-VRP (Michigan Vaccine Replacement Program)

- Publicly funded vaccine program that offers a limited number of vaccines
- For adults ages 19 years and older who have no insurance or who have insurance that doesn't cover any of the cost of the vaccine
- Provides MMR, Td, Tdap, Hepatitis A or Hepatitis B vaccines
- Must meet criteria for all vaccines in MI-VRP Program
- Available at: Local Health Departments (LHD), Federally Qualified Health Centers (FQHC), Migrant Health Centers (MHC) and Tribal Health Centers (THC)
- Adults may be charged a vaccine administration fee determined by the clinic site
- For more information, contact your Local Health Department

## High Risk Hepatitis A and Hepatitis B Program

- Publicly funded vaccine program to protect adolescents and adults at increased risk for hepatitis A or B infection and whose age/dependency status may be a barrier to seeking health care related to these risks
- Must be in a certain risk group for disease to qualify for vaccine
- Types of clinics who may enroll in the program are: LHDs, Sexually Transmitted Disease (STD) clinics, Teen Health Centers, and Family Planning Clinics
- Persons may be charged a vaccine administration fee determined by the clinic site
- For more information, contact your Local Health Department

## Adult Medicaid (ages 19 through 64 years)

- MI Adult Medicaid provides reimbursement to providers who vaccinate adults
- All vaccines routinely recommended on the CDC Adult Immunization Schedule, including Td/Tdap, HPV, Hep A, Hep B, Var, MMR, Zoster and PPSV23.
- Providers **must** use private stock vaccine and bill Medicaid for the cost of the vaccine and the vaccine administration fee.
- For more information, contact your Local Health Department

## Adult Medicare (beginning at age 65 years)

- Medicare Part B
  - o Allows for an annual Influenza vaccine (TIV) and a Pneumococcal Polysaccharide vaccine (PPSV23; no more than 2 doses in a lifetime)
  - o Allows for Hepatitis B vaccine for persons in certain high risk groups
- Medicare Part D
  - o May cover additional vaccines like Zoster, MMR or Tdap
  - o Coverage varies by Part D plan—check with the insurance company for details
- For more information: [www.cms.gov](http://www.cms.gov)



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## Manufacturer's Vaccine Assistance Programs

- The following is provided for informational purposes only and is not an endorsement of any certain vaccine brand or manufacturer
- For more complete details, contact the manufacturer listed below

### Sanofi Pasteur

- Offers a Patient Assistant Program (PAP) for persons 19 years and older who are uninsured
- Covers these brands of vaccine: Adacel<sup>®</sup> (Tdap), Decavac<sup>®</sup> (Td), Menactra<sup>®</sup> (MCV4), Imovax<sup>®</sup> (Rabies), Imogam<sup>®</sup> (Rabies Immune Globulin) and Menomune<sup>®</sup> (MPSV4)
- For more information, call 1- or visit: [www.pparx.org](http://www.pparx.org)

### Merck

- Offers a Vaccine Patient Assistance Program for uninsured adults 19 years and older
- Includes these vaccines: Gardasil<sup>®</sup> (HPV4), MMR<sup>®</sup>, Varivax<sup>®</sup> (Var), Zostavax<sup>®</sup> (Zoster)
- For more information, call 1-800-293-3881 8:00 a.m. - 8:00 p.m. EST, Mon – Fri or visit: [www.merck.com/merckhelps/access/home.html](http://www.merck.com/merckhelps/access/home.html)

### GlaxoSmithKline (GSK)

- Offers a Vaccines Access Program which provides adult GSK vaccines to eligible low income patients who do not have third party coverage for vaccines
- Includes five adult vaccines: Cervarix<sup>®</sup> (HPV2), Twinrix<sup>®</sup> (HepA/HepB), Boostrix<sup>®</sup> (Tdap), Havrix<sup>®</sup> (Hep A), and Engerix B<sup>®</sup> (Hep B)
- For more information, call 1-877-VAC-2911 (1-877-822-2911) or visit: [www.GSK-VAP.com](http://www.GSK-VAP.com)

### Other Programs:

- There may be additional vaccine financing programs available through other manufacturers. Contact the manufacturer directly to inquire about further programs.

### Note on the VFC Program:

Clients 18 years of age or younger may be eligible to receive vaccines through the Vaccines for Children (VFC) program if they: are on Medicaid, do not have health insurance, are American Indian or Alaskan Native, or are under-insured (health insurance doesn't cover the cost of vaccines). Find out more at: [www.michigan.gov/vfc/](http://www.michigan.gov/vfc/)

## MANUFACTURERS VACCINE ASSISTANCE PROGRAMS<sup>(3-23-12)</sup>

	VACCINES COVERED	QUALIFIERS	INCOME		FAX TO	RESPONSE TIME	REPLACEMENT or CREDIT ACCOUNT
<b>GLAXOSMITHKLINE</b>	<ul style="list-style-type: none"> <li>Hep A</li> <li>Hep B</li> <li>Twinrix</li> <li>HPV2 (Cervarix)</li> <li>Tdap</li> </ul>	<ul style="list-style-type: none"> <li>U.S. resident</li> <li>Uninsured</li> <li>Underinsured</li> <li>Income-proof required</li> </ul> <p>(Once application is accepted and determined eligible, patient will be eligible for the next 12 months for all other GSK vaccines)</p>	Family size	Yearly gross income	1-877-822-1555	10 minutes notified by fax	Ships replacement in 30 days
			1	\$27,075.00			
			2	\$36,425.00			
			3	\$45,775.00			
			4	\$55,125.00			
			5	\$64,475.00			
			6	\$73,825.00			
<b>MERCK</b>	<ul style="list-style-type: none"> <li>HPV4 (Gardasil)</li> <li>MMR</li> <li>Hep A</li> <li>Hep B</li> <li>PPV23</li> <li>Varivax</li> <li>Zostavax</li> </ul>	<ul style="list-style-type: none"> <li>U.S. resident</li> <li>Uninsured</li> <li>Underinsured</li> <li>Income- no proof</li> </ul>	Family size	Yearly gross income	1-800-293-3881	10 minutes; attestation form required if under-insured; add on 10 minute response when submitted	Ships quarterly replacement doses (some vaccines package quantities are in trays. Trays cannot be broken down. Replacement made when full tray reached)
			1	\$44,680.00			
			2	\$60,520.00			
			3	\$76,360.00			
			4	\$92,200.00			
			5	\$108,040.00			
			6	\$123,880.00			
<b>SANOVI PASTEUR</b>	<ul style="list-style-type: none"> <li>Menactra</li> <li>Menomune</li> <li>Td</li> <li>Tdap</li> </ul>	<ul style="list-style-type: none"> <li>U.S. Citizen</li> <li>Uninsured only</li> <li>Income-no proof</li> </ul>	Family size	Yearly gross income	1-866-734-7371	48 hours notified by fax	Credits vaccine to private purchase account
			1	\$27,075.00			
			2	\$36,425.00			
			3	\$45,775.00			
			4	\$55,125.00			
			5	\$64,475.00			
			6	\$73,825.00			

## QUALIFICATIONS FOR VACCINE REPLACEMENT PROGRAM: RABIES<sup>(3-26-12)</sup>

	VACCINES COVERED	QUALIFIERS	INCOME		FAX TO	RESPONSE TIME	REPLACEMENT
<b>NOVARTIS</b>	Rabies (RabAvert)  Pre- and Post Exposure	<ul style="list-style-type: none"> <li>• U.S. Citizen or resident alien</li> <li>• Uninsured</li> <li>• Underinsured</li> <li>• Income-no proof</li> </ul>	<b>Family size</b>	<b>Yearly gross income</b>	1-513-618-0056	24 hours notified by phone	Ships doses overnight express Monday-Thursday receive before giving vaccine
			1	\$21,780.00			
			2	\$29,420.00			
			3	\$37,060.00			
			4	\$44,700.00			
			5	\$52,350.00			
			6	\$59,980.00			
<b>SANOFI PASTEUR</b>	Imogam (rabies immune globulin) Rabies (Imovax) Pre- and Post Exposure	<ul style="list-style-type: none"> <li>• U.S. Citizen</li> <li>• Uninsured only</li> <li>• Income-no proof</li> </ul>	<b>Family size</b>	<b>Yearly gross income</b>	1-866-734-7371	48 hours notified by fax	Shipped before giving
			1	\$27,075.00			
			2	\$36,425.00			
			3	\$45,775.00			
			4	\$55,125.00			
			5	\$64,475.00			
			6	\$73,825.00			